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2000 FEB -4 P 3:02



January 31, 2000

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Sir/Madam:

Enclosed please find the original year-end report for the Morrisey for Congress campaign. Should you have any questions with this report, please feel free to call my campaign office at the number listed below.

Thanks for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Patrick Morrisey". The signature is written in a cursive, slightly slanted style.

Patrick Morrisey

P.O. Box 2685 Westfield, NJ 07091-2685
Phone (908) 232-9988 Fax (908) 232-9977

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) MORRISSEY FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00351882
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. BOX 2685		
CITY, STATE and ZIP CODE WESTFIELD, NJ 07091-2685	STATE/DISTRICT NJ/07	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election
<input checked="" type="checkbox"/> January 31 Year End Report	on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>12/7/99</u> through <u>12/31/99</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$86,307.54	\$86,307.54
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$86,307.54	\$86,307.54
7. Net Operating Expenditures	\$1,900.54	\$1,900.54
(a) Total Operating Expenditures (from Line 17)	-0-	-0-
(b) Total Offsets to Operating Expenditures (from Line 14)	\$1,900.54	\$1,900.54
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$106,407.17	
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$22,000.00	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
990 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STEVEN J. SCAPPA, TREASURER	Date 1/29/00
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full)		Report Covering the Period:	
MORRISSEY FOR CONGRESS		From 12/7/99	To 12/31/99
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		63,350.00	1100(i)
(ii) Unitemized		7,579.00	1100(ii)
(iii) Total of contributions from Individuals		70,929.00	1100(iii)
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)		14,500.00	1100(c)
(d) The Candidate		878.54	1100(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		86,307.54	1100(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			
		0	0
13. LOANS:			
(a) Made or Guaranteed by the Candidate		22,000.00	1300(a)
(b) All Other Loans			1300(b)
(c) TOTAL LOANS (add 13(a) and (b))		22,000.00	1300(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			
		0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)			
		.17	.17
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		108,307.71	108,307.71
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES			
		1,900.54	1,900.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			
		0	0
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		0	0
(b) Of All Other Loans		0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		0	0
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		0	0
(b) Political Party Committees		0	0
(c) Other Political Committees (such as PACs)		0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		0	0
21. OTHER DISBURSEMENTS			
		0	0
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		1,900.54	1,900.54
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$	108,307.71
25. SUBTOTAL (add Line 23 and Line 24)		\$	108,307.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$	1,900.54
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$	106,407.17

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 16

FOR LINE NUMBER 112

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY MORRISSEY 309 WEMBLEY PLACE MORGANVILLE, NJ 07751	GUSTEN STAFFING SERVICES	12/7/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE-PRESIDENT Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAEMAIH MANCHIKANTI 2075 WATCHERZ LANE PADUCAH KY 42001-5415	PAIN MANAGEMENT CENTER OF PADUCAH	12/7/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUZANNE CHAMBERS 1126 NORTH VAH STREET Arlington, VA 22201	FAMILY AND CHILD SERVICES OF WASH, D.C.	12/7/99 12/30/99	\$250.00 \$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR OF DEVELOPMENT Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID MAURENTANO 7004D Ellingham Circle KINGSTOWN, VA 22315	SECURITIES INDUSTRY ASSOCIATION	12/17/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE-PRESIDENT Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS GILES 4419 BRADLEY LANE CHEVY CHASE, MD 20815	HOUSE COMMENCE COMMITTEE	12/17/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COUNSEL Aggregate Year-to-Date > \$250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY OSEN 136 EAGLE STREET TENAPLY, NJ 07670	OSEN + ASSOCIATE	12/17/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CINDY OSEN 136 EAGLE STREET TENAPLY, NJ 07670	N/A	12/17/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOUSEWIFE Aggregate Year-to-Date > \$1,000.00		

SUBTOTAL of Receipts This Page (optional)

\$5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 10
FOR LINE NUMBER 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code
EMMETT MCGODARTT
2911 NEWARK STREET, NW, APT 26
WASHINGTON, DC 20008
Receipt For: Primary General
 Other (specify):

Name of Employer
SELF-EMPLOYED
Occupation
POLITICAL CONSULTANT
Aggregate Year-to-Date > \$ 550

Date (month, day, year)
12/12/99

Amount of Each Receipt this Period
\$ 550.00

B. Full Name, Mailing Address and ZIP Code
MALE WHEAT
4966 34th ROAD N
ARLINGTON, VA 22207-2872
Receipt For: Primary General
 Other (specify):

Name of Employer
HOUSE COMMERCE COMMITTEE
Occupation
COUNSEL
Aggregate Year-to-Date > \$ 250

Date (month, day, year)
12/17/99

Amount of Each Receipt this Period
\$ 250.00

C. Full Name, Mailing Address and ZIP Code
CHANDRAKALA MANCHIKANT
2075 MATCHEZ LANE
PADUCAH, KY 42001-5415
Receipt For: Primary General
 Other (specify):

Name of Employer
N/A
Occupation
HOUSE MANAGER
Aggregate Year-to-Date > \$ 1,000

Date (month, day, year)
12/17/99

Amount of Each Receipt this Period
\$ 1,000.00

D. Full Name, Mailing Address and ZIP Code
BEN BUCCA
90 LIVINGSTON AVE
NEW BRUNSWICK, NJ 08901
Receipt For: Primary General
 Other (specify):

Name of Employer
BUCCA + CAMPISANO
Occupation
ATTORNEY
Aggregate Year-to-Date > \$ 250

Date (month, day, year)
12/21/99

Amount of Each Receipt this Period
\$ 250.00

E. Full Name, Mailing Address and ZIP Code
JOAN LOWRIGAN
827 WESTFIELD ROAD
SCOTCH PLAINS, NJ 07076
Receipt For: Primary General
 Other (specify):

Name of Employer
NAVISYS
Occupation
SYSTEM ANALYST
Aggregate Year-to-Date > \$ 500

Date (month, day, year)
12/21/99

Amount of Each Receipt this Period
\$ 500.00

F. Full Name, Mailing Address and ZIP Code
JOSEPH GABRIEL
309 WEMBLEY PLACE
MORGANVILLE, NJ 07751
Receipt For: Primary General
 Other (specify):

Name of Employer
SELF-EMPLOYED
Occupation
COMPUTER CONSULTANT
Aggregate Year-to-Date > \$ 500

Date (month, day, year)
12/23/99

Amount of Each Receipt this Period
\$ 500.00

G. Full Name, Mailing Address and ZIP Code
JOSEPH CANNERY
444 SECOND STREET
PALISADES PARK, NJ 07650
Receipt For: Primary General
 Other (specify):

Name of Employer
ENVIRONMENTAL SAFETY, INC.
Occupation
PRESIDENT
Aggregate Year-to-Date > \$ 1,000

Date (month, day, year)
12/23/99

Amount of Each Receipt this Period
\$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

\$ 4,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 16
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)			
MORRISON FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code SEAN CARNEY 15 HARRINGTON STREET HILLS DALE, NJ 07642	Name of Employer ENVIRONMENTAL SAFETY INTERNATIONAL, INC	Date (month, day, year) 12/23/99	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	Aggregate Year-to-Date > \$ 6,000	
B. Full Name, Mailing Address and ZIP Code ESTHER OSEN 1403 MILFORD PLACE TRANCEK, NJ 07666	Name of Employer N/A	Date (month, day, year) 12/23/99	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSE MANAGER	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code MAX OSEN 1403 MILFORD PLACE TRANCEK, NJ 07666	Name of Employer OSEN + ASSOCIATE	Date (month, day, year) 12/23/99	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code JANET OSEN 1403 MILFORD PLACE TRANCEK, NJ 07666	Name of Employer OSEN + ASSOCIATE	Date (month, day, year) 12/23/99	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OFFICE MANAGER	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code PAUL LAKAND 1231 QUAKER HILL DRIVE ALEXANDRIA, VA 22314	Name of Employer U.S. SENATE FEDERAL CREDIT UNION	Date (month, day, year) 12/17/99	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	Aggregate Year-to-Date > \$ 6,000	
F. Full Name, Mailing Address and ZIP Code DIANE MILLMAN 2918 29th STREET, NW WASHINGTON, DC 20008	Name of Employer MCDERMOTT, WILL + EMERY	Date (month, day, year) 12/15/99	Amount of Each Receipt this Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.	
G. Full Name, Mailing Address and ZIP Code JEANNE LOUY 200 EAST 65th STREET NEW YORK, NY 10021	Name of Employer SELF - EMPLOYED	Date (month, day, year) 12/15/99	Amount of Each Receipt this Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250	
SUBTOTAL of Receipts This Page (optional)			\$ 5,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 16
FOR LINE NUMBER (1927)

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NAME OF COMMITTEE (In Full)

MORALISEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code MARILYN KING MERRILL 6601 LANDON LANE BETHESDA, MD 20817	Name of Employer McDermott, Will & Emery	Date (month, day, year) 12/15/99	Amount of Each Receipt this Period \$250.00
	Occupation ATTORNEY	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$250			

B. Full Name, Mailing Address and ZIP Code LARRY CALIGNANO P.O. BOX 118 FAIR HILLS, NJ 07931	Name of Employer SELF-EMPLOYED	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period \$1,000.00
	Occupation CONSULTANT	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$1,000			

C. Full Name, Mailing Address and ZIP Code BRIAN FALKENSTEIN 47 CEDARCREAT AVENUE PASSAIC, NJ 07055	Name of Employer N/A	Date (month, day, year) 12/24/99	Amount of Each Receipt this Period \$500.00
	Occupation STUDENT	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$500			

D. Full Name, Mailing Address and ZIP Code EDWARD REBER 1609 ROGER COURT EL CERRITO, CA 94530	Name of Employer SANGAMO BIOSCIENCES	Date (month, day, year) 12/29/99	Amount of Each Receipt this Period \$1,000.00
	Occupation SCIENTIST	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$1,000			

E. Full Name, Mailing Address and ZIP Code ELISE FELDMAN 4501 CONNECTICUT AVE, # 421 WASHINGTON, DC 20008	Name of Employer U.S. DEPARTMENT OF JUSTICE	Date (month, day, year) 12/10/99	Amount of Each Receipt this Period \$500.00
	Occupation STAFF ATTORNEY	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$500			

F. Full Name, Mailing Address and ZIP Code RAYMOND BRASCOSO 7915 KENTUCKY AVENUE BETHESDA, MD 20814	Name of Employer BIOTECHNOLOGY INDUSTRY ORGANIZATION	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period \$1,000.00
	Occupation EXECUTIVE DIRECTOR	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$1,000			

G. Full Name, Mailing Address and ZIP Code SCOTT WRABA 15 PLATON AVENUE FORT LEE, NJ 07024	Name of Employer CATHAM + WATKINS	Date (month, day, year) 12/29/99	Amount of Each Receipt this Period \$500.00
	Occupation ATTORNEY	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$500			

GUBTOTAL of Receipts This Page (optional) \$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 16

FOR LINE NUMBER

11911

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NAME OF COMMITTEE (in Full)

MORALISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code WENDY KAASNER 9102 LOCUST HILL ROAD BETHESDA, MD 20814	Name of Employer MCBENNETT ULL + EMERY	Date (month, day, year) 12/15/99	Amount of Each Receipt this Period \$ 250.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250

B. Full Name, Mailing Address and ZIP Code KATHY ZIMMERMAN 1902 N. LEXINGTON ST. ARLINGTON, VA 22205	Name of Employer ADVENTIST HEALTH CALL SYSTEMS	Date (month, day, year) 12/15/99	Amount of Each Receipt this Period \$ 250.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADMINISTRATOR	Aggregate Year-to-Date > \$ 250

C. Full Name, Mailing Address and ZIP Code DEANNE OTTA VIANO 222 MASSACHUSETTS AVE, APT 213 WASHINGTON, DC 20006	Name of Employer ARENT FOX	Date (month, day, year) 12/14/99	Amount of Each Receipt this Period \$ 200.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 200

D. Full Name, Mailing Address and ZIP Code LARRY HANDEBERG 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036	Name of Employer ARENT FOX	Date (month, day, year) 12/14/99	Amount of Each Receipt this Period \$ 300.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 300

E. Full Name, Mailing Address and ZIP Code ANTHONY LUPO 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036	Name of Employer ARENT FOX	Date (month, day, year) 12/14/99	Amount of Each Receipt this Period \$ 200.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 200

F. Full Name, Mailing Address and ZIP Code WILLIAM SARRILLE 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036	Name of Employer ARENT FOX	Date (month, day, year) 12/14/99	Amount of Each Receipt this Period \$ 1,000.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000

G. Full Name, Mailing Address and ZIP Code DOUG MCCORMACK 1070 PAPERMILL CT, NW WASHINGTON, DC 20007	Name of Employer ARENT FOX	Date (month, day, year) 12/14/99	Amount of Each Receipt this Period \$ 200.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 200

SUBTOTAL of Receipts This Page (optional) \$ 2,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 16

FOR LINE NUMBER

(PLEASE)

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NAME OF COMMITTEE (in Full)

MORRISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code JOHN FELDMAN 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ARENT FOX	12/4/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
	ATTORNEY		\$ 250.00

B. Full Name, Mailing Address and ZIP Code LYAN SHOTWELL 4807 41ST, NW WASHINGTON, DC 20016	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	AMERICAN COUNCIL OF INTERNATIONAL PERSONNEL	12/14/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
	EXECUTIVE DIRECTOR		\$ 250.00

C. Full Name, Mailing Address and ZIP Code LISA BSTRADA 142 REES PLACE FALLS CHURCH, VA 22046	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ARENT FOX	12/14/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
	ATTORNEY		\$ 250.00

D. Full Name, Mailing Address and ZIP Code ALLEN SIEBEL 7505 CONNECTICUT AVE CHEVY CHASE, MD 20815	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ARENT FOX	12/14/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
	ATTORNEY		\$ 250.00

E. Full Name, Mailing Address and ZIP Code ED LONG 9118 POTOMAC RIDGE ROAD GREAT FALLS, VA 22066-4106	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	CAPITOL ASSOCIATES	12/14/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
	VICE-PRESIDENT		\$ 250.00

F. Full Name, Mailing Address and ZIP Code ELLIOTT PORTNOY 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ARENT FOX	12/4/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
	ATTORNEY		\$ 250.00

G. Full Name, Mailing Address and ZIP Code PATRICK O'LEARY 13084 ST. ANDREWS COURT WOODBRIDGE, VA 22192	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ARENT FOX	12/14/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
	ATTORNEY		\$ 500.00

SUBTOTAL of Receipts This Page (optional) \$ 2,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 16
FOR LINE NUMBER 11(A)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CURTIS ROONEY 5006 WYSTONE AVE BETHESDA, MD 20814	AMERICAN HOSPITAL ASSOCIATION	12/14/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIR. OF GOV. RELATIONS Aggregate Year-to-Date > \$500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT WATERS 1604 CRESTWOOD LANE MCLEAN, VA 22101	ARENT FOX	12/14/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONNIE NAPPA 1 KROVER LANE NORWALK, CT 06850-1525	ARENT FOX	12/14/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID SUNDWALL 620 HAWKESBURY TERRACE SILVER SPRING, MD 20904	AMERICAN CLIMATE LABORATORY ASSOCIATION	12/14/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date > \$500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN REIDER 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036	ARENT FOX	12/14/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARC FLEISCHBLER 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036-5339	ARENT FOX	12/14/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON MCLEAN 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036	ARENT FOX	12/14/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$500		

SUBTOTAL of Receipts This Page (optional)

\$4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 16

FOR LINE NUMBER 11(2)(1)

Any information copied from such Reports and Statements may not be sold, or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MONAISEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL FORTIER 3936 HIGHWOOD COURT, NW WASHINGTON, DC 20007	THE FORTIER GROUP	12/23/99	\$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER/LEG. AFFAIRS Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES DENDREAN 1512 N HANCOCK ST. ARLINGTON, VA 22201	HOUSE COMMERCE COMMITTEE	12/24/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STAFF DIRECTOR Aggregate Year-to-Date > \$ 250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL KOCH 15 RED OAK ROAD EAST GREENWICH, RI 02818	SELF-EMPLOYED	12/21/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID MCINTYRE P.O. BOX 1135 BELLEVUE, WA 98009	SELF-EMPLOYED	12/20/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CALVIN JOHNSON 600 13th STREET, NW WASHINGTON, DC 20005	McDermott, WILL & BARRY	12/24/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL ANTHONY 227 W. MONROE, #56 CHICAGO, ILL 60606-5096	McDermott, WILL + BARRY	12/24/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIM WATERS 5833 UPTOWN STREET McLean, VA 22101	McDermott, WILL + BARRY	12/23/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

\$ 2,050.00

TOTAL This Period (last page line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 16
FOR LINE NUMBER 11(a)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE ROMANSKY 600 13th ST., NW WASHINGTON, DC 20005	McDERMOTT, WILL + EMERY	12/24/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES WORTL 1621 MADDOX CANE McLEAN, VA 22101	McDERMOTT, WILL + EMERY	12/23/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM BLKIN 11733 SADDLE CREEK CIRCLE DARTON, VA 22124	NOVARTIS	12/24/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIR. OF GOV. AFFAIRS	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN AZIA 11142 CEDARWOOD DRIVE ROCKVILLE, MD 20852-3418	POWELL Goldstein	12/23/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS KANIN 65 STUART ROAD NEWTON, MA 02459	FOLEY, HOAG + ELLIOT	12/24/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RACHEL KING 8009 SPRING ROAD CABIN JOHN, MD 20818	NOVARTIS	12/24/99	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE-PRESIDENT, WASH. OPER.	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM B. JONES 13 BADGER DRIVE LIVINGSTON, NJ 07039	BLOD LAWREN	12/28/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional)

\$ 4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 16
FOR LINE NUMBER (None)

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NAME OF COMMITTEE (in Full)

MORRISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WENDY FISHKIND 4750 N. CAMINO CONTO TUSCON, AZ 85718	INFORMATION REQUESTED	12/23/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY SCOTT DAVIS 7820 S.W. 170th STREET MIAMI, FL 33157	McDermott, Will + Emery	12/24/99	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 200	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH FALKENSTEIN 47 CHESTNUT AVE PASSAIC, NJ 07055	SELF-EMPLOYED	12/28/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JEWELER	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY J. AMOROSO 609 SUMMIT AVE HACKENSACK, NJ 07601	NOWELL, AMOROSO	12/28/99	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN NOWELL 155 POLICELY ROAD, Suite 302 HACKENSACK, NJ 07601-1749	NOWELL, AMOROSO	12/28/99	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JULIE GODA 4521 4th ROAD NORTH ARLINGTON, VA 22203	AMERICAN ASSOCIATION OF HEALTH PLANS	12/22/99	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS ONDECK 5702 WYEMBURG ST, Apt 102 ROCKVILLE, MD 20857	Jenkins + Gilchrist	12/23/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

\$ 3,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICHOLAS SEAPPY 205 WEST LEWIS ST. BROWNSVILLE, TX 77520	PROFICIENCY TESTING SERVICE	12/22/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CLINICAL LAB OWNER Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICHOLAS SEAPPY, JR. 205 WEST LEWIS ST. BROWNSVILLE, TX 77520	PROFICIENCY TESTING SERVICE	12/22/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CLINICAL LAB DIRECTOR Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ED SEAN 314 KENTUCKY AVE, SE WASHINGTON, DC 20003	BELL ATLANTIC	12/23/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIR - OF FED. RELATIONS Aggregate Year-to-Date > \$250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN JONAS 5840 COLPAX AVE ALEXANDRIA, VA 22311	PATTON BOGGS	12/24/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIONA KENDRICK 2550 M. ST, NW WASHINGTON, DC 20037	PATTON BOGGS	12/22/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN MCCONNELL 1631 N. BURLING STREET CHICAGO, ILL 60614	NOVAMED ENCLAVE	12/24/99	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FINANCIAL PERSONNEL Aggregate Year-to-Date > \$200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD BARNES 8821 SLEEPY HOLLOW LAKE POTOMAC, MD 20854	JENKINS + GILCHRIST	12/23/99	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$300		

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 12(a)

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NAME OF COMMITTEE (In Full)

MOLLAISEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY ATKIN 512 ALBANY AVE TALONA PARK, MD 20912	SELF-EMPLOYED	12/23/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LEG. AFFAIRS Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEE COHEN 14 ROCK FALLS CT ROCKVILLE, MD 20854	USA GROUP	12/23/99	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIR. FEDERAL RELATIONS Aggregate Year-to-Date > \$ 200		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERENCE CONROYAN 411 NUN ST WILMINGTON, NC 28401	NEW HAMPSHIRE COMMUNITY HEALTH CENTER	12/24/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD MORAN 10551 MCKAYMAN BLVD POTOMAC, MD 20854	THE MORAN GROUP	12/29/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER/TEACH POLICY Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUG BADGER 5495 BLUE COAST LANE COLUMBIA, MD 21045	WASHINGTON COUNCIL	12/29/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LEG. AFFAIRS Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW KEAT 350 ELMONA AVE, APT 2B ELIZABETH, NJ 07206	WOLFF + SAMSON	12/30/99	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$ 200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHAM VENGURLEKAR 10200 W. 92nd St, Suite 200 SCOTTSDALE, AZ 85258	SELF-EMPLOYED	12/27/99	\$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional)

\$2,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BETSY RIVERA 823 ASPEN WAY PADUCAH, KY 42003	N/A	12/29/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOUSEWIFE Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSE RIVERA 823 ASPEN WAY PADUCAH, KY 42003	PMCP	12/29/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAM MANCHIKANTI 105 PADDOCK CT PADUCAH, KY 42003	KSA Enterprises, Inc	12/28/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUS. EXECUTIVE Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MURALI MANCHIKANTI 366 LONGVIEW DRIVE PADUCAH, KY 42001	KSA ENTERPRISES INC.	12/28/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUS. EXECUTIVE Aggregate Year-to-Date > \$1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GHAFOR BANA 3011 Jefferson PADUCAH, KY 42003	PMCP	12/29/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > \$1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MINA BANA 3011 Jefferson PADUCAH, KY 42003	N/A	12/29/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOUSEWIFE Aggregate Year-to-Date > \$1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY MOLINA 6211 MONITA STREET LONG BEACH, CA 90803	MOLINA MEDICAL CENTERS	12/29/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER Aggregate Year-to-Date > \$1,000		

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 16

FOR LINE NUMBER 11(21)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MORANISH FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>JANET WATT</u> <u>3813 GONDAR AVE</u> <u>LONG BEACH, CA 90808</u>	<u>SELF-EMPLOYED</u>	<u>12/29/99</u>	<u>\$1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>ARCHITECT</u>	Aggregate Year-to-Date: <u>> \$1,000</u>	
<u>MARITHA MOLINA</u> <u>17121 S. PACIFIC</u> <u>SUNSET BEACH, CA 90742</u>	<u>MOLINA MEDICAL SERVICES</u>	<u>12/29/99</u>	<u>\$1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>VICE-PRESIDENT</u>	Aggregate Year-to-Date: <u>> \$1,000</u>	
<u>JOHN MOLINA</u> <u>2625 E. OCEAN BLVD</u> <u>LONG BEACH, CA 90802</u>	<u>MOLINA MEDICAL SERVICES</u>	<u>12/22/99</u>	<u>\$1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>VICE-PRESIDENT</u>	Aggregate Year-to-Date: <u>> \$1,000</u>	
<u>MICHELLE MOLINA</u> <u>2625 E. OCEAN BLVD</u> <u>LONG BEACH, CA 90802</u>	<u>PARAMOUNT SCHOOL DISTRICT</u>	<u>12/22/99</u>	<u>\$1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>TEACHER</u>	Aggregate Year-to-Date: <u>> \$1,000</u>	
<u>MARIO MOLINA</u> <u>829 STRATFORD AVE</u> <u>S. PASADENA, CA 91030</u>	<u>MOLINA MEDICAL SERVICES</u>	<u>12/29/99</u>	<u>\$1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>PRESIDENT</u>	Aggregate Year-to-Date: <u>> \$1,000</u>	
<u>TERESE MOLINA</u> <u>829 STRATFORD AVE</u> <u>S. PASADENA, CA 91030</u>	<u>N/A</u>	<u>12/22/99</u>	<u>\$1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOME MAKER</u>	Aggregate Year-to-Date: <u>> \$1,000</u>	
<u>JOSEPHINE MOLINA</u> <u>2371 STEARNS AVE</u> <u>LONG BEACH, CA 90815-1927</u>	<u>MOLINA MEDICAL SERVICES</u>	<u>12/23/99</u>	<u>\$1,000.00</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>COMPLIANCE MANAGER</u>	Aggregate Year-to-Date: <u>> \$1,000</u>	

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 16
FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MORALISSET FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code MARGARET MCGINN 3465 ARBOY ROAD STATEN ISLAND, NY 10306-2774	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	12/31/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSE MANAGER Aggregate Year-to-Date > \$ 500		

B. Full Name, Mailing Address and ZIP Code WILLIAM HOOPER 11661 SAN VICENTE BLVD, #200 LOS ANGELES CA 90049	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	STUDENT INSURANCE	12/29/99	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT Aggregate Year-to-Date > \$ 1,000		

C. Full Name, Mailing Address and ZIP Code STEVE SKAPPERA 5 MORTHOUSE PLACE NEW PROVIDENCE, NJ 07974	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	PAINEWEBBER	12/29/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSTITUTIONAL EQUITY SEES Aggregate Year-to-Date > \$ 250		

D. Full Name, Mailing Address and ZIP Code CONI SKAPPERA 5 MORTHOUSE PLACE NEW PROVIDENCE, NJ 07974	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ABN AMRO BANK	12/29/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT Aggregate Year-to-Date > \$ 250		

E. Full Name, Mailing Address and ZIP Code STUART KULLANDER AD 23 2101 CONNECTICUT AVE, NW WASHINGTON, DC 20008	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	CADHAM & WATKINS	12/27/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$ 250		

F. Full Name, Mailing Address and ZIP Code MARK HARDNER 1329 SCENERY DRIVE MECHANICSBURG, PA 17055	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	LOWELL GAYEST ASSOCIATES	12/30/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$ 250		

G. Full Name, Mailing Address and ZIP Code JORGE LOPEZ 11416 OULANS WAY LEANSINGTON, MD 20895	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	AHLIN GUMP	12/29/99	\$ 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional) \$ 2,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 16
FOR LINE NUMBER 1119(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

MORRISBY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code GENE ULM 6111 NEWMAN RD FAIRFAX, VA 22030	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	PUBLIC OPINION STRATEGIES Occupation: VICE-PRESIDENT/MANAGER Aggregate Year-to-Date > \$ 250	12/30/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code JEFF KEEFER 419 NORTH FILLMORE STREET ARLINGTON, VA 22201	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ERSON Occupation: DIR. OF GOV. RELATIONS Aggregate Year-to-Date > \$ 500	12/30/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code DENISE HEARY 411 PITT MEWS ST. ALEXANDRIA, VA 22314	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	LEGISLATIVE STRATEGIC Occupation: LEG. AFFAIRS Aggregate Year-to-Date > \$ 1,000	12/30/99	\$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code PETER RINTYK 6419 15th Street ALEXANDRIA, VA 22307	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	NATIONAL ASSOCIATION OF HOMEBUILDERS Occupation: VICE-PRESIDENT Aggregate Year-to-Date > \$ 250	12/29/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code BARRY JACKSON 761 10th St, SE WASHINGTON, DC 20003	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	REP. JOHN BIEHNER Occupation: CHIEF OF STAFF Aggregate Year-to-Date > \$ 250	12/29/99	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code Jeff Summers 1 CAMPBELL DRIVE, Suite 400 JACKSON, MS 39208	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	MISSISSIPPI PAIN MANAGEMENT Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 200	12/29/99	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$ 2,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11(C)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STS PAC 1200 19th Street, NW, Suite 300 WASHINGTON, DC 20036		12/17/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. ONCOLOGY, INC. GOOD GOVERNMENT COMMITTEE Suite 1300 16825 MURCHASE DR, HOUSTON, TX		12/14/99	\$3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$3,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OUTPATIENT OPHTHALMIC SURGERY PAC 1850 K ST., NW, Suite 500 WASHINGTON, DC 20006		12/15/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AREAT FOX CIVIC PARTICIPATION FUND 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036		12/14/99 12/14/99	\$500 \$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN ASSOCIATION OF BIOANALYSTS POLITICAL EDUCATION COMMITTEE 917 LOCUST STREET, Suite 1100 ST. LOUIS, MO 63101		12/14/99	\$2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2,500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAC FOR AMERICAN SOCIETY OF CATARACT + REFRACTIVE SURGERY 4000 LEGATO RD, Suite 850 FAIRFAX, VA 22033		12/21/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FEDERATION OF AMERICAN HEALTH SYSTEMS FED PAC 801 PENNSYLVANIA AVE, NW, Suite 245 WASHINGTON, DC 20004-2607		12/21/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$500	

SUBTOTAL of Receipts This Page (optional)

\$10,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)			
MORRISSEY FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code McDermott, Will + Emery PAC 1200 18th St, NW, 8th Floor Washington, DC 20036-2506	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/23/99	\$1,000.00
Aggregate Year-to-Date > \$1,000			
B. Full Name, Mailing Address and ZIP Code Eastman Kodak Company PAC 343 State Street Rochester, NY 14650-0516	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/16/99	\$500.00
Aggregate Year-to-Date > \$500			
C. Full Name, Mailing Address and ZIP Code Council of Insurance Agents + Brokers PAC Account 701 Pennsylvania Ave, NW Suite 750 Washington, DC 20004-2608	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/29/99	\$1,000.00
Aggregate Year-to-Date > \$1,000			
D. Full Name, Mailing Address and ZIP Code Wellpoint Health Networks PAC 21555 Oxford Street Woodland Hills, CA 91367	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/99	\$500.00
Aggregate Year-to-Date > \$500			
E. Full Name, Mailing Address and ZIP Code The Paxon PAC 5900 Potomac Way Alexandria, VA 22310	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/29/99	\$500.00
Aggregate Year-to-Date > \$500			
F. Full Name, Mailing Address and ZIP Code JG PAC 1445 Ross Avenue, Suite 3200 Dallas, TX 75202	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/30/99	\$1,000.00
Aggregate Year-to-Date > \$1,000			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	\$4,500
TOTAL This Period (last page this fine number only)	\$14,500

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	SELF-EMPLOYED	12/31/99	\$300 in-kind SPACE FOR CAMPAIGN
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	12/31/99	\$100 in-kind use OF FAX MACHINE
	Aggregate Year-to-Date > \$400.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	SELF-EMPLOYED	12/12/99	\$159.96 in-kind office supplies donated
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	12/14/99	\$130 in-kind AIRFARE
	Aggregate Year-to-Date > \$159.96		train ticket donated
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	SELF-EMPLOYED	12/31/99	\$100 in-kind computer printer usage donation
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	12/11/99	\$22.38 in-kind coffee donation
	Aggregate Year-to-Date > \$272.34		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	SELF-EMPLOYED	12/13/99	\$6.20 in-kind donation (coffee at 1441 BOWEN etc.)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY		
	Aggregate Year-to-Date > \$278.54		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$878.54

TOTAL This Period (last page this line number only)

\$878.54

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 13(a)

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NAME OF COMMITTEE (In Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

PATRICK MORRISSEY
P.O. BOX 2685
WESTFIELD, NJ 07091-2685

Name of Employer

SELF-EMPLOYED

Date (month, day, year)

12/30/99

Amount of Each Receipt this Period

\$22,000
1099a - See schedule C

Occupation

ATTORNEY

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date

> \$22,000

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

Primary

General

Other (specify):

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

Primary

General

Other (specify):

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

Primary

General

Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

Primary

General

Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

Primary

General

Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

Primary

General

Other (specify):

SUBTOTAL of Receipts This Page (optional)

\$22,000

TOTAL This Period (last page this line number only)

\$22,000

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)			
MORRISSEY FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER OF WESTFIELD CENTRAL AVE WESTFIELD, NJ 07091	POSTAGE	12/10/99	\$66.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	12/31/99	\$99.00
	<input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MAIL BOXES, ETC NORTH AVE WESTFIELD, NJ 07090	COPIES / ODMIGHT PAPER	12/22/99	\$54.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GARY OSEN 136 ENGLE STREET TEAPLY, NJ	REIMBURSEMENT FOR SOFTWARE + INTERNET REGISTRATION	12/31/99	\$410.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCDERMOTT, WALL + EMERY 600 13th ST. N.W. WASHINGTON, DC 20005	PUNDAISING COSTS / FOOD, SPACE, REIMBURSE	12/31/99	\$293.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WILLIAM APPLE GATE 1050 CONNECTICUT AVE NW WASHINGTON, DC 20036	IN-KIND DONATION OF FOOD, REIMBURSE	12/15/99	\$100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	IN-KIND OFFICE SPACE	12/31/99	\$300.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	IN-KIND USE OF FAX	12/31/99	\$100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	IN-KIND OFFICE SUPPLIES	12/12/99	\$159.96
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	IN-KIND DONATION OF ANNUAL TRAINING TICKETS	12/4/99	\$130.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			\$1711.96
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	IN-KIND USE OF COMPUTER AND LASER PRINTER 12/31/99		\$100.00 IN-KIND
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	IN-KIND OF COPIES / LITERATURE 12/14/99		\$82.38 IN-KIND
PATRICK MORRISSEY P.O. BOX 2685 WESTFIELD, NJ 07091-2685	IN-KIND DONATION OF COPIES 12/13/99		\$6.20 IN-KIND
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$188.58

TOTAL This Period (last page this line number only)

\$1900.54

Name of Committee (in Full)
MORRISSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code of Loan Source DATRICK MORRISSEY (THROUGH P.O. BOX 2685 WESTFIELD, NJ 07091-2685 Super 5 Bank)	Original Amount of Loan \$22,000.00	Cumulative Payment To Date - 0 -	Balance Outstanding at Close of This Period \$22,000.00
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Election: Primary General Other (specify):
 Terms: Date Incurred 12/30/99 Date Due UPON DEMAND Interest Rate 11% Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Election: Primary General Other (specify):
 Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[Hatched Area]	[Hatched Area]
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) _____
 TOTALS This Period (last page in this line only) _____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
SA	2/4/00
PREPARER	DATE PREPARED